

Device System Transactions: Health Care Claim – 837 Professional

device system hlth pro

1

This section details the procedures for submitting 837 Professional claims (formerly the HCFA 1500) using the Point of Service (POS) device. Such claims are entered in the Medi-Cal claims processing system for nightly batch processing and claim adjudication; they are not adjudicated in real time.

Note: The 837 Professional claim transaction on the POS device includes a Claim Note Text screen that permits up to 80 characters. Claims requiring space for additional characters or requiring other documentation must be billed using a paper claim form or as a Computer Media Claim (CMC).

It is recommended that providers verify subscriber (recipient) eligibility before rendering services. For information about the Eligibility transaction, refer to the *Eligibility Transaction Procedures* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

If you have questions regarding the operation of the POS device, call the Telephone Service Center (TSC) at 1-800-541-5555 and select the option for POS/Internet inquiries.

If you have questions about Medi-Cal policy or billing Medi-Cal claims, refer to the appropriate section of the provider manual or call the TSC at 1-800-541-5555.

Overview

The Medi-Cal claims processing system will return a Claim Control Number (CCN) to your device for each accepted 837 Professional claim transaction.

Note: The assignment of a CCN to your claim does not represent adjudication of the claim. Further editing must be performed by the Medi-Cal claims processing system before the claim can be adjudicated.

The Medi-Cal system performs an Eligibility Inquiry for each accepted 837 Professional claim transaction using the service date from the first claim line. If you wish to obtain eligibility information for claim lines 2 – 6 but the lines have a month and/or year of service that is different from claim line 1, you must perform separate Eligibility Inquiry transactions.

If one or more Electronic Claims Capture (ECC) errors are detected on the transaction, the device will return a Claim Rejected response and an error message(s). You must re-edit (correct) the claim information indicated by the error message and resubmit the claim. Possible error messages and their codes are listed on page 27.

Note the following:

- You can press <F1> for help in any screen except the Shortcut Key, response message and menu screens.
- The <EXIT> and <F8> keys are disabled during the initial entry of transaction information in the header screens.
- Once all header screens have been completed, you can press <EXIT> or <F8> from any claim line screen to display the Send/Re-Edit screen.
- At any time during re-edit, you can press <EXIT> or <F8> to return to the Send/Re-Edit screen.
- Pressing <EXIT> or <F8> once all header screens have been completed or during re-edit will return you to the Send/Re-Edit screen, regardless of whether all claim line screens have been completed.

Beginning a Transaction

Use the following two steps to begin an 837 Professional claim transaction.

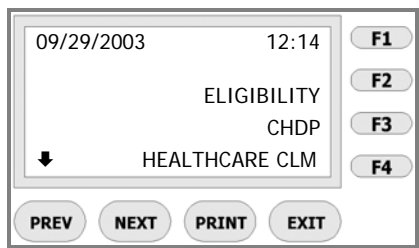


1. The first screen on the POS device is the Welcome screen. To get started, you may either swipe a Benefits Identification Card (BIC) or a Health Access Programs (HAP) card through the card reader, or press any key.

If you swipe a BIC or a HAP card, the subscriber information coded on the magnetic strip automatically displays in certain screens as you advance through the transaction. To accept the information, press <ENTER> when you reach the screen.

If you do not swipe a BIC or HAP card, you must type the requested information in each screen and press <ENTER>.

Note: You need to obtain the issue date from the BIC or HAP card to successfully submit an 837 Professional claim transaction.



2. After swiping a BIC or HAP card or pressing any key, this screen (or a similar screen) will display. Press the Function (F) key corresponding to HEALTHCARE CLM. In this example, press <F4>. If the HEALTHCARE CLM option is not displayed and you see the (↓) character on the screen, press <NEXT> until the HEALTHCARE CLM option displays, then press its corresponding F-key.

Submitting an 837 Professional Claim

This section contains instructions for submitting 837 Professional claim transactions using the POS device.

1. Health Care Claim Menu

The Health Care Claim menu displays. Select PROFESSIONAL by pressing the corresponding Function (F) key. In this example, press <F2>.

2. Shortcut Key

The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. Otherwise, press <ENTER> to bypass this screen. For more information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

3. Billing Provider Number

If you entered a shortcut key in the previous step, this screen will automatically display your billing provider number; press <ENTER> to accept the displayed value.

Otherwise, type your billing provider number and press <ENTER>.

4. Billing Provider Taxonomy Code

The POS device will prompt you to enter your billing provider taxonomy code. Type your billing provider taxonomy code and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

PASSWORD:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

5. Password

The POS device will prompt you to enter your password. Type your password and press <ENTER>. For security purposes, the POS device displays asterisks instead of your password.

PROFESSIONAL CLAIM

SUBMITTER ID:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

6. Submitter ID

The POS device will prompt you to enter your submitter ID number. Type your three-digit submitter ID and press <ENTER>.

PROFESSIONAL CLAIM

MEDICARE ASSIGNMENT
CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

7. Medicare Assignment Code

The POS device will prompt you to enter your Medicare assignment code. Type your Medicare assignment code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

SERVICE FACILITY
LOCATION ID:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

8. Service Facility Location ID

The POS device will prompt you to enter the service facility location ID. Type the service facility location ID and press <ENTER>, or press <ENTER> to bypass this screen.

Note: The service facility location ID is required if a facility or lab was used.

9. Service Facility Location Code

If you entered a service facility location ID in step 8, the POS device will prompt you to enter the service facility location code. Type the service facility location code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

10. Rendering Provider ID

The POS device will prompt you to enter the rendering provider ID. Type the rendering provider ID and press <ENTER>, or press <ENTER> to bypass this screen.

Note: The rendering provider ID is required if the provider who rendered services is different from the billing provider.

11. Rendering Provider Taxonomy Code

If you entered a rendering provider ID in step 10, the POS device will prompt you to enter the rendering provider taxonomy code. Type the rendering provider taxonomy code and press <ENTER>, or press <ENTER> to bypass this screen.

12. Referring Provider Name

The POS device will prompt you to enter the referring provider name. Type the referring provider name and press <ENTER>, or press <ENTER> to bypass this screen. You may enter up to 35 characters in this screen.

Note: The referring provider name is required if the subscriber was referred by another provider.

PROFESSIONAL CLAIM

REFERRING PROVIDER ID:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

13. Referring Provider ID

If you entered a referring provider name in step 12, the POS device will prompt you to enter the referring provider ID. Type the referring provider ID and press <ENTER>.

PROFESSIONAL CLAIM

REFERRING PROVIDER TAXONOMY CODE:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

14. Referring Provider Taxonomy Code

If you entered a referring provider name in step 12, the POS device will prompt you to enter the referring provider taxonomy code. Type the referring provider taxonomy code and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

SUBSCRIBER ID:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

15. Subscriber ID

The POS device will prompt you to enter the subscriber ID number. If the screen already displays the subscriber ID number, press <ENTER> to accept the displayed value. Otherwise, type the subscriber ID number and press <ENTER>.

PROFESSIONAL CLAIM

SUBSCRIBER LAST NAME:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

16. Subscriber Last Name

The POS device will prompt you to enter the subscriber's last name. Type the last name and press <ENTER>. You may enter up to 35 characters in this screen.

17. Subscriber First Name

The POS device will prompt you to enter the subscriber's first name. Type the first name and press <ENTER>. You may enter up to 25 characters in this screen.

18. Subscriber Middle Initial

The POS device will prompt you to enter the subscriber's middle initial. Type the middle initial and press <ENTER>, or press <ENTER> to bypass this screen. You may enter only one (1) character in this screen.

19. Subscriber Birth Date

The POS device will prompt you to enter the subscriber's birth date. If the screen already displays the birth date, press <ENTER> to accept the displayed value. Otherwise, type the subscriber's birth date in the format CCYYMMDD and press <ENTER>. For example, if the subscriber's birth date is September 29, 1970, type "19700929".

Note: If you are billing for services to a newborn infant using the mother's ID number, you must type the mother's birth date at this prompt, not the infant's.

20. Issue Date

The POS device will prompt you to enter the issue date shown on the BIC or HAP card. If the screen already displays the issue date, press <ENTER> to accept the displayed value. Otherwise, type the issue date in the format YYMMDD and press <ENTER>. For example, if the issue date is August 26, 1998, type "980826".

Note: If the subscriber presents two BICs, advise the subscriber to destroy the card with the oldest issue date.

21. Gender

The POS device will prompt you to enter the subscriber's gender. If the screen already displays the gender, press <ENTER> to accept the displayed value. Otherwise, type the gender ("M," "F" or "U") and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

22. Patient Account Number

The POS device will prompt you to enter the patient account number. Type the patient account number and press <ENTER>. You may enter up to 20 characters in this screen.

Note: This screen allows providers to track the claim for internal purposes.

23. Pregnancy Indicator

If you entered "F" or "U" in step 21 (Gender), the POS device will prompt you for the pregnancy indicator. This screen displays "N" (No) by default. Press <ENTER> to accept the default value or type "Y" (Yes) if the subscriber is pregnant, then press <ENTER>. This screen will not display if you entered "M" in step 21.

24. Release of Information Code

The POS device will prompt you to enter the release of information code. Type the release of information code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

25. Hospitalization Admission Date

The POS device will prompt you to enter a hospitalization admission date. If there is no admission date, press <ENTER> to bypass this screen. Otherwise, type an admission date in the format CCYYMMDD and press <ENTER>. For example, if the admission date is October 12, 2003, type "20031012".

Note: A hospitalization admission date is required if the subscriber was admitted to a hospital.

PROFESSIONAL CLAIM

HOSPITALIZATION
DISCHARGE DATE:
CCYY-MM-DD

PREV NEXT PRINT EXIT

F1 F2 F3 F4

26. Hospitalization Discharge Date

If you entered a hospitalization admission date in step 25, the POS device will prompt you for a hospitalization discharge date. Type the discharge date in the format CCYYMMDD and press <ENTER>. For example, if the discharge date is October 15, 2003, type "20031015".

Note: A hospitalization discharge date is required if the subscriber was discharged from a hospital.

PROFESSIONAL CLAIM

PRIOR AUTHORIZATION
NUMBER:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

27. Prior Authorization Number

The POS device will prompt you for a Treatment Authorization Request (TAR) Control Number, known as a TCN. If prior authorization or a referral number was required for services, type the 11-digit TCN and press <ENTER>. If one was not required, press <ENTER> to bypass this screen.

Note: Enter the TCN from the approved TAR. The TCN must originate only from an approved 50-1 TAR form. TCNs from other TAR forms (such as the 18-1 and 20-1) are used only by hospitals and facilities.

Note: The subscriber, quantity and service date on the claim must agree with the information on the TAR.

PROFESSIONAL CLAIM

PRIMARY DIAGNOSIS
CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

28. Primary Diagnosis Code

The POS device will prompt you to enter a primary diagnosis code. If there is no diagnosis code, press <ENTER> to bypass this screen. Otherwise, type all characters of the ICD-9-CM diagnosis code, including the fourth and fifth digits, and press <ENTER>. Do not enter the decimal point.

Note: This code may be required for payment on some claims.

PROFESSIONAL CLAIM

SECONDARY DIAGNOSIS CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

29. Secondary Diagnosis Code

If you entered a primary diagnosis code in step 28, the POS device will prompt you to enter a secondary diagnosis code. Type all characters of the ICD-9-CM diagnosis code, including the fourth and fifth digits, and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

PLACE OF SERVICE CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

30. Place of Service Code

The POS device will prompt you to enter the Place of Service code. Type the two-digit Place of Service code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

Note: For Place of Service code “99” for subacute facilities, you must include the modifier HA for pediatric subacute care and HB for adult subacute care. These modifiers must be submitted with every procedure code on the claim.

PROFESSIONAL CLAIM

SPECIAL PROGRAM INDICATOR:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

31. Special Program Indicator

The POS device will prompt you to enter a special program indicator. Type a special program indicator and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

Note: If you enter “01” for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, the EPSDT Indicator screen (step 70) will be set to “Y” for all claim lines.

PROFESSIONAL CLAIM

DELAY REASON CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

32. Delay Reason Code

The POS device will prompt you to enter a delay reason code. Providers have six months from the month of service to submit an original claim. If the month of service in the claim line(s) is more than six months after the month of service, type the delay reason code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

ONSET OF CURRENT ILLNESS/INJURY DATE:
CCYY-MM-DD

F1 F2 F3 F4

PREV NEXT PRINT EXIT

33. Onset of Current Illness/Injury Date

The POS device will prompt you to enter an onset of current illness/injury date. If the services were not related to an injury or accident, press <ENTER> to bypass this screen. Otherwise, type the onset of current illness/injury date in the format CCYYMMDD and press <ENTER>. For example, if the onset of current illness/injury date is November 6, 2003, type "20031106".

PROFESSIONAL CLAIM

ACCIDENT DATE:
CCYY-MM-DD

F1 F2 F3 F4

PREV NEXT PRINT EXIT

34. Accident Date

The POS device will prompt you to enter an accident date. If the services were not related to an accident, press <ENTER> to bypass this screen. Otherwise, type the accident date in the format CCYYMMDD and press <ENTER>. For example, if the accident date is November 6, 2003, type "20031106". When an accident date is entered, the Related Causes Code 1 screen is required.

PROFESSIONAL CLAIM

RELATED CAUSES CODE 1:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

35. Related Causes Code 1

The POS device will prompt you to enter a related causes code. If the services were not accident- or employment-related, press <ENTER> to bypass this screen. Otherwise, type the related causes code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

RELATED CAUSES CODE 2:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

36. Related Causes Code 2

If you entered an accident date in step 34 and a related causes code in step 35, the POS device will prompt you to enter a second related causes code. Type the second related causes code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

RELATED CAUSES CODE 3:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

37. Related Causes Code 3

If you entered an accident date in step 34 and a second related causes code in step 36, the POS device will prompt you to enter a third related causes code. Type the third related causes code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

AUTO ACCIDENT STATE
OR PROVINCE CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

38. Auto Accident State or Province Code

If you entered an accident date in step 34 and a related causes code of "AA" in step 35, 36 or 37, the POS device will prompt you to enter the auto accident state or province code. Type the appropriate two-digit auto accident state or province code and press <ENTER>, or press <ENTER> to bypass this screen.

PROFESSIONAL CLAIM

COUNTRY CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

39. Country Code

If you entered an accident date in step 34; a related causes code of "AA" in step 35, 36 or 37; and an auto accident state or province code outside the United States in step 38, or if you bypassed step 38, the POS device will prompt you to enter the country code. Type the appropriate two- or three-digit country code and press <ENTER>.

PROFESSIONAL CLAIM

NOTE REFERENCE CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

40. Note Reference Code

The POS device will prompt you to enter a note reference code. Type a note reference code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

Note: If you enter "CER" in this screen, you will be required to enter an emergency certification statement in the Claim Note Text screen (step 41). In addition, the Emergency Indicator screen (step 69) will be set to "Y" for all claim lines.

PROFESSIONAL CLAIM

CLAIM NOTE TEXT:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

41. Claim Note Text

If you entered a note reference code in step 40, the POS device will prompt you to enter claim note text. Type supporting note text and press <ENTER>. You may enter up to 80 characters in this screen.

Note: Claims requiring space for additional characters or requiring other documentation must be billed using a paper claim form or as a Computer Media Claim (CMC).

PROFESSIONAL CLAIM

LEGISLATIVE MANDATES: N

F1 F2 F3 F4

PREV NEXT PRINT EXIT

42. Legislative Mandates

The POS device will prompt you to indicate whether there are legislative mandates. This screen displays "N" (No) by default. Press <ENTER> to accept the default value or type "Y" (Yes) if legislatively mandated data has been requested by Medi-Cal to complete this claim.

PROFESSIONAL CLAIM

FILE INFORMATION:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

43. File Information

If you entered "Y" in step 42 (Legislative Mandates), the POS device will prompt you to enter file information. Type the file information and press <ENTER>. You may enter up to 80 characters in this screen.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

OTHER HEALTH COVERAGE (OHC): N

F1 F2 F3 F4

PREV NEXT PRINT EXIT

44. Other Health Coverage (OHC)

The POS device will prompt you to indicate whether the subscriber has Other Health Coverage (OHC). The screen displays "N" (No) by default. Press <ENTER> to accept the default value or type "Y" (Yes) and press <ENTER>.

If you type "Y," the POS device will display 12 additional OHC-related screens (steps 45 – 55 and step 58).

If you accept "N," the POS device skips to the Total Claim Charge screen (step 56).

PROFESSIONAL CLAIM

OHC INSURED LAST NAME:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

45. OHC Insured Last Name

The POS device will prompt you to enter the OHC insured last name. Type the last name of the OHC insured and press <ENTER>. You may enter up to 35 characters in this screen.

PROFESSIONAL CLAIM

OHC INSURED FIRST NAME:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

46. OHC Insured First Name

The POS device will prompt you to enter the OHC insured first name. Type the first name of the OHC insured and press <ENTER>. You may enter up to 25 characters in this screen.

PROFESSIONAL CLAIM

OHC INSURED MIDDLE INITIAL:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

47. OHC Insured Middle Initial

The POS device will prompt you to enter the OHC insured middle initial. Type the middle initial of the OHC insured and press <ENTER>, or press <ENTER> to bypass this screen. You may enter only one (1) character in this screen.

PROFESSIONAL CLAIM

OHC INSURED ID:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

48. OHC Insured ID

The POS device will prompt you to enter the OHC insured ID. Type the OHC insured's ID and press <ENTER>. You may enter up to 15 characters in this screen.

PROFESSIONAL CLAIM

OHC RELATIONSHIP CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

49. OHC Relationship Code

The POS device will prompt you to enter the OHC insured relationship code. Type the relationship code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

OHC INSURANCE TYPE CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

50. OHC Insurance Type Code

The POS device will prompt you to enter the OHC insurance type code. Type the insurance type code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

OHC RELEASE OF INFORMATION CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

51. OHC Release of Information Code

The POS device will prompt you to enter the OHC release of information code. Type the release of information code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

OHC PAYER NAME:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

52. OHC Payer Name

The POS device will prompt you to enter the OHC payer name. Type the OHC payer name and press <ENTER>. You may enter up to 35 characters in this screen.

PROFESSIONAL CLAIM

OHC PAYER ID:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

53. OHC Payer ID

The POS device will prompt you to enter the OHC payer ID. Type the OHC payer ID and press <ENTER>. You may enter up to 15 characters in this screen.

PROFESSIONAL CLAIM

OHC PAYER
RESPONSIBILITY CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

54. OHC Payer Responsibility Code

The POS device will prompt you to enter the OHC payer responsibility code. Type the payer responsibility code and press <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

OHC BENEFITS
ASSIGNMENT CERT: N

PREV NEXT PRINT EXIT

F1 F2 F3 F4

55. OHC Benefits Assignment Certification Indicator

The POS device will prompt you to enter the OHC benefits assignment certification indicator. The screen displays "N" (No) by default. Press <ENTER> to accept the default value or type "Y" (Yes) and press <ENTER>.

PROFESSIONAL CLAIM

TOTAL CLAIM CHARGE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

56. Total Claim Charge

The POS device will prompt you to enter the total claim charge. Type the total charges for the services rendered and press <ENTER>. You may enter up to \$99999.99 in this screen.

Note: The total claim charge must equal the sum of the line item charges.

PROFESSIONAL CLAIM

PATIENT PAID AMOUNT:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

57. Patient Paid Amount

The POS device will prompt you to enter a patient paid amount, also referred to as a Share of Cost (SOC) or Spend Down amount. Type a patient paid amount and press <ENTER>, or press <ENTER> to bypass this screen. You may enter up to \$99999.99 in this screen.

The patient paid amount must be cleared before submitting the transaction. For information about SOC transactions, refer to the *Eligibility Transaction Procedures* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

PROFESSIONAL CLAIM

OHC PAYER PAID AMOUNT:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

58. OHC Payer Paid Amount

If you entered "Y" in step 44 (Other Health Coverage), the POS device will prompt you to enter the OHC payer paid amount. Type the OHC payer paid amount and press <ENTER>. You may enter up to \$9999.99 in this screen.

If you entered "N" in step 44, this screen does not display.

PROFESSIONAL CLAIM

NET BILLED AMOUNT:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

59. Net Billed Amount

The POS device will calculate and display the net billed amount. Press <ENTER> to proceed with the transaction (this screen does not require user input).

The net billed amount is the difference between the total charges and the sum of the subscriber's SOC and any reimbursements received from the subscriber's OHC plans.

The net billed amount is determined by this formula:

$$\text{Net Billed Amount} = \text{Total Charges} - (\text{SOC} + \text{OHC reimbursements})$$

PROFESSIONAL CLAIM

OF CLAIM LINES:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

60. Number of Claim Lines

The POS device will prompt you to enter the number of claim lines. Type the number of claim lines you will be submitting in this transaction and press <ENTER>. You may submit up to six claim lines per transaction.

PROFESSIONAL CLAIM

CLAIM LINE 01:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

61. Claim Line 01

Data entry for each claim line begins with a screen identifying the claim line number. Because this is the first claim line, the screen displays "CLAIM LINE 01."

Press <ENTER> to begin entering information for the claim line.

PROFESSIONAL CLAIM

PROVIDER LINE ITEM
CONTROL NUMBER:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

62. Provider Line Item Control Number

The POS device will prompt you to enter a provider line item control number. Type a provider line item control number and press <ENTER>, or press <ENTER> to bypass this screen. You may enter up to 30 characters in this screen.

Note: This screen allows providers to track the claim line for internal purposes.

PROFESSIONAL CLAIM

FROM SERVICE DATE:
CCYY-MM-DD

PREV NEXT PRINT EXIT

F1 F2 F3 F4

63. From Service Date

The POS device will prompt you to enter the from service date. Type the from service date in the format CCYYMMDD and press <ENTER>. For example, if the from service date is December 2, 2003, type "20031202".

PROFESSIONAL CLAIM

TO SERVICE DATE:
CCYY-MM-DD

PREV NEXT PRINT EXIT

F1 F2 F3 F4

64. To Service Date

The POS device will prompt you to enter a to service date. If your claim does not require a to service date, press <ENTER> to bypass this screen.

Otherwise, type a to service date in the format CCYYMMDD and press <ENTER>. For example, if the to service date is December 8, 2003, type "20031208".

For information about from-through billing, refer to the *HCFA 1500: Special Billing Instructions* section of the appropriate Part 2 manual.

PROFESSIONAL CLAIM

PROCEDURE CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

65. Procedure Code

The POS device will prompt you to enter the procedure code. Type the five-character HCPCS or CPT-4 code and press <ENTER>.

PROFESSIONAL CLAIM

PROCEDURE MODIFIER 1:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

66. Procedure Modifier 1

The POS device will prompt you to enter a procedure modifier. Because this is the first procedure modifier, the screen displays "Procedure Modifier 1."

Press <ENTER> to bypass this screen or type an appropriate two-digit procedure modifier and press <ENTER>.

You may enter up to four procedure modifiers. If you enter procedure modifier 1, the POS device will display an additional procedure modifier screen (up to four screens), if needed. Press <ENTER> to bypass the additional modifier screen.

PROFESSIONAL CLAIM

LINE ITEM CHARGE
AMOUNT:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

67. Line Item Charge Amount

The POS device will prompt you to enter the line item charge amount. Type the line item charge amount and press <ENTER>. You may enter up to \$99999.99 in this screen.

PROFESSIONAL CLAIM

QUANTITY:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

68. Quantity

The POS device will prompt you to enter the quantity. Type the quantity (in days or units) and press <ENTER>. You may enter up to 999 in this screen.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

EMERGENCY:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

69. Emergency Indicator

The POS device will prompt you to indicate whether the services rendered were emergency-related. The device displays a response in this screen depending on the value you entered in the Note Reference Code screen (step 40). If you entered "CER" in the Note Reference Code screen (step 40), the POS device displays a "Y" (Yes) in this screen. Otherwise, the POS device displays an "N" (No) in this screen.

Press <ENTER> to accept the displayed value.

For information about emergency certification, refer to the *HCFA 1500 Completion* section of the appropriate Part 2 manual.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

EPSDT:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

70. EPSDT Indicator

The POS device will prompt you to indicate whether the patient participates in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. If you entered "01" in step 31 (Special Program Indicator), the POS device displays "Y" (Yes) in this screen. Otherwise, the POS device displays "N" (No) in this screen.

Press <ENTER> to accept the displayed value.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

FAMILY PLANNING: N

PREV NEXT PRINT EXIT

F1 F2 F3 F4

71. Family Planning Indicator

The POS device will prompt you to indicate whether the patient participates in the Family Planning Program. The screen displays "N" (No) by default.

Press <ENTER> to accept the default value or type "Y" (Yes) and press <ENTER>.

PROFESSIONAL CLAIM

LINE NOTE REFERENCE CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

72. Line Note Reference Code

The POS device will prompt you to enter a line note reference code. Type a line note reference code and press <ENTER>, or press <ENTER> to bypass this screen. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

LINE NOTE TEXT:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

73. Line Note Text

If you entered a line note reference code in step 72, the POS device will prompt you to enter line note text. Type your note text and press <ENTER>. You may enter up to 80 characters in this screen.

Note: You must enter line note text if you entered a line note reference code in step 72.

PROFESSIONAL CLAIM

LINE LEGISLATIVE MANDATES: N

PREV NEXT PRINT EXIT

F1 F2 F3 F4

74. Line Legislative Mandates

The POS device will prompt you to indicate whether there are line legislative mandates. This screen displays "N" (No) by default. Press <ENTER> to accept the default value or type "Y" (Yes) if line legislatively mandated data has been requested by Medi-Cal to complete this claim.

PROFESSIONAL CLAIM

LINE FILE INFORMATION:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

75. Line File Information

If you entered "Y" in the Line Legislative Mandates screen (step 74), the POS device will prompt you to enter line file information. Type the line file information and press <ENTER>. You may enter up to 80 characters in this screen.

PROFESSIONAL CLAIM

PLACE OF SERVICE CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

76. Place of Service Code

The POS device will prompt you a second time for the Place of Service code. The screen displays the Place of Service code you entered in step 30. Press <ENTER> to accept the default value. Otherwise, for this claim line only you may override this code by typing a new two-digit Place of Service code and pressing <ENTER>. Press <F1> (HELP) for a list of acceptable entries, or refer to the Appendix at the end of this section.

PROFESSIONAL CLAIM

YES (Y)
NO (N)

OVERRIDE HEADER INFO FOR CLAIM LINE 01: N

PREV NEXT PRINT EXIT

F1 F2 F3 F4

77. Override Header Information for Claim Line 01

You have entered all the information necessary to complete Claim Line 01, and the POS device will prompt you to indicate whether you wish to override the header information for the claim line. Only certain header information can be changed for each claim line.

Press <ENTER> to accept the default value of "N" (No) or type "Y" (Yes) and press <ENTER>.

If you enter "Y," you can press <NEXT> and <PREV> to scroll through the override header screens and change the entries. To change an entry, type in a new entry and press <ENTER>. The new entry replaces the previous entry for this claim line only. To change characters in an entry, press <BACKSPACE> until you delete the incorrect character. Re-type the entry from that character forward.

If you accept "N," the POS device will display one of two screens, according to the following:

- If you indicated more than one claim line in step 60 (Number of Claim Lines), the device will display the first screen for claim line 02. Repeat steps 61 – 76 for claim line 02 and for each additional claim line.
- If you indicated only one claim line in step 60 or have completed all claim lines, the device will display the Send/Re-Edit screen. Continue the transaction at step 78.

PROFESSIONAL	SEND	F1
CLAIM	RE-EDIT	F2
	SOC	F3
	MS	F4
PREV	NEXT	PRINT
EXIT		

78. Send/Re-Edit Screen

If you accepted "N" in step 77 (Override Header Information) and have no more claim lines to enter, the Send/Re-Edit screen displays. Options are as follows:

- Press <F1> (SEND) to submit your 837 Professional claim transaction to the Medi-Cal claims processing system. Continue at step 80.
- Press <F2> (RE-EDIT) to edit your entries. Continue at step 79.
- Press <F3> (SOC) to perform a Share of Cost transaction.
- Press <F4> (MS) to make a Medi-Services reservation.

For information about SOC or MS transactions, refer to the *Eligibility Transaction Procedures* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

PROF	HEADER	F1
CLAIM	CLAIM LINE 01	F2
	CLAIM LINE 02	F3
	CLAIM LINE 03	F4
↓		
PREV	NEXT	PRINT
EXIT		

79. If you pressed <F2> (RE-EDIT) in step 78, the POS device will display a menu screen that lists the sections of your claim alongside corresponding Function (F) keys.

The upper half of the menu screen allows you to select from the header or the first three claim line sections. Press <NEXT> to display the second half of the menu screen, which allows you to select from the last three claim line sections.

Select the section you wish to edit by pressing its corresponding F-key. The POS device will allow you to scroll through that section by pressing <NEXT> and <PREV>.

To replace an entry, type in a new entry and press <ENTER>. The new entry replaces the previous entry. To change characters in an entry, press <BACKSPACE> until you delete the incorrect character. Re-type the entry from that character forward.

Once all entries have been verified and are correct, you can return to the Send/Re-Edit screen by pressing <EXIT> or by continuing to press <NEXT> or <ENTER> until the Send/Re-Edit screen again displays. Press <F1> (SEND) to submit the transaction to the Medi-Cal claims processing system.

PROFESSIONAL CLAIM

TOTAL CLAIM CHARGE
DOES NOT EQUAL THE
SUM OF THE LINE
ITEM CHARGE AMOUNTS

PREV NEXT PRINT EXIT

F1 F2 F3 F4

80. After you press <F1> (SEND) but before the transaction is submitted to the Medi-Cal claims processing system, the device calculates the sum of the line item charges.

If the sum of the line item charges does not equal the total claim charge, the POS device will display a message indicating the discrepancy and will not send your transaction to the Medi-Cal claims processing system.

If you receive this message, press <ENTER> to return to the Send/Re-Edit screen, then press <F2> (RE-EDIT) to display the header and claim line selection screen. Select the section you must edit by pressing its corresponding F-key. Scroll through the section by pressing <NEXT> and <PREV> and correct the error.

Once the error is corrected, press <EXIT> or continue to press <NEXT> or <ENTER> to return to the Send/Re-Edit screen.

If the sum of the line item charges equals the total claim charge, the POS device submits the transaction to the Medi-Cal claims processing system.

PROFESSIONAL CLAIM

DIAL PRIMARY. . .

PREV NEXT PRINT EXIT

F1 F2 F3 F4

81. Several screens display, including the screens at left, while the transaction is processing.

PROFESSIONAL CLAIM

RECEIVING. . .

PREV NEXT PRINT EXIT

F1 F2 F3 F4

PROFESSIONAL CLAIM

RESPONSE RECEIVED
PRESS PRINT KEY TO
GENERATE RECEIPT
OR ANY KEY TO
CONTINUE

PREV NEXT PRINT EXIT

F1 F2 F3 F4

82. Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

When the POS device indicates it has received a response, you can press any key to view the response. You can print the response by pressing <PRINT> on the keypad or <F7> or <PrtSc> on the keyboard.

CLAIM ACCEPTED.
CCN:99999999999
LAST NAME: SMITH
EVC#: 999999999
CNTY CODE: 99. PRMY
AID CODE: 99
MEDI-CAL ELIGIBLE
W/NO SOC.

PREV NEXT PRINT EXIT

F1 F2 F3 F4

83. If the claim is accepted, the POS device will display an eligibility response message that includes a Claim Control Number (CCN). Press <ENTER> to scroll through the provider mail until you reach the end of the message. When you have finished reviewing your provider mail, press <CANCEL> once to return to the Health Care Claim Menu and perform another 837 Professional claim transaction. Otherwise, press <CANCEL> two times to return to the Main Menu.

Note: You will receive a Claim Control Number (CCN) for each accepted 837 Professional claim transaction. The assignment of a CCN does not represent the adjudication of your claim. Further editing must be performed by the Medi-Cal claims processing system before the claim can be adjudicated.

CLAIM REJECTED.
USE RE-EDIT TO
REVIEW.

↓

PREV NEXT PRINT EXIT

F1 F2 F3 F4

84. If the claim is rejected due to an ECC error, a Claim Rejected screen will display. Press <ENTER> to scroll through the provider mail and return to the Send/Re-Edit screen.

PROFESSIONAL CLAIM

ERROR CLAIM LINE 01
CLAIM LINE 02

PREV NEXT PRINT EXIT

F1 F2 F3 F4

85. At the Send/Re-Edit screen, press <F2> (RE-EDIT). The POS device will display a menu that lists the claim lines alongside corresponding F-keys. The word "ERROR" will appear next to the claim line that contains the ECC error.

Select the claim line containing the error by pressing its corresponding F-key, or press <ENTER> to display the claim header data. If you entered more than three claim lines, press <ENTER> twice to display the header data.

PROFESSIONAL CLAIM

CLAIM LINE 01:
ERROR

F1
F2
F3
F4

PREV NEXT PRINT EXIT

86. The claim line header screen displays. This screen also displays the word "ERROR."

Press <NEXT> or <ENTER> until you reach a screen containing an error code in parentheses.

PROFESSIONAL CLAIM

(454)
PROCEDURE CODE: 99999

F1
F2
F3
F4

PREV NEXT PRINT EXIT

87. When you reach a screen containing an error code in parentheses, you must modify the entry. You may replace the entry by typing in a new entry and pressing <ENTER>. The new entry replaces the previous entry. To change characters in the entry, press <BACKSPACE> until you delete the incorrect character and re-type the entry from that character forward.

PROFESSIONAL CLAIM

SEND
RE-EDIT
SOC
MS

F1
F2
F3
F4

PREV NEXT PRINT EXIT

88. Once all entries have been verified and are correct, press <EXIT> or continue to press <NEXT> or <ENTER> to return to the Send/Re-Edit screen. Press <F1> (SEND) to submit the transaction.

CLAIM REJECTED.
SUBMITTER NOT FOUND.

F1
F2
F3
F4

PREV NEXT PRINT EXIT

89. If the claim is rejected for an error that pertains to the provider information (such as provider ID, submitter ID or password), a screen will display indicating the error.

Press <ENTER> to scroll through the provider mail and to return to the Send/Re-Edit screen, then press <F2> (RE-EDIT).

PROFESSIONAL CLAIM

CLAIM LINE 01

CLAIM LINE 02

CLAIM LINE 03

↓

F1

F2

F3

F4

PREV NEXT PRINT EXIT

90. The POS device will display a menu listing the claim lines. Press <ENTER> to display the header data. If you entered more than three claim lines, press <ENTER> twice to display the header data.

Press <NEXT> or <ENTER> to scroll through your entries until you reach a screen containing an error code in parentheses. Correct the error, then press <EXIT> or continue pressing <NEXT> or <ENTER> until the Send/Re-Edit screen again displays. Press <F1> (SEND) to submit the transaction.

ECC Error Codes

The following table lists POS ECC error codes and their corresponding descriptions.

Error Code	Description
187	Invalid From Service Date and/or To Service Date.
249	Invalid Place of Service.
454	Service not covered by Medi-Cal. Provide the procedure code for services rendered.
476	Invalid number of services. Enter the days or units for the specified procedure code.

Appendix:
Transaction Code Values

This Appendix lists the codes (and their definitions) accepted by Medi-Cal that must be entered in certain screens of the 837 Professional claim transaction. You can also reference these codes by pressing <F1> (HELP) in the indicated step.

Delay Reason Codes (Step 32)

- | | |
|----|--|
| 1 | Proof of eligibility unknown or unavailable |
| 3 | Authorization delays |
| 4 | Delay in certifying provider |
| 5 | Delay in supplying billing forms |
| 6 | Delay in delivery of custom made appliances |
| 10 | Administration delay in the prior approval process |
| 11 | Other |

Gender Codes (Step 21)

- | | |
|---|--------|
| F | Female |
| M | Male |

Line Note Reference Codes (Step 72)

- | | |
|-----|--|
| ADD | Additional information |
| DCP | Goals, rehabilitation potential or discharge plans |
| PMT | Payment |
| TPO | Third party organization notes |

Medicare Assignment Codes (Step 7)

- | | |
|---|---|
| A | Assigned |
| B | Assignment accepted on clinical lab services only |
| C | Not assigned |
| P | Patient refuses to assign benefits |

Note Reference Codes (Step 40)

ADD	Additional information
CER	Certification narrative
DCP	Goals, rehabilitation potential or discharge plans
DGN	Diagnosis description
PMT	Payment

OHC Payer Responsibility Codes (also known as Payer Responsibility Sequence Number Codes) (Step 54)

P	Primary
S	Secondary
T	Tertiary

OHC Relationship Codes (also known as Individual Relationship Codes, Step 49)

G8	Other relationship
01	Spouse
04	Grandfather or grandmother
05	Grandson or granddaughter
07	Nephew or niece
09	Adopted child
10	Foster child
15	Ward
17	Stepson or stepdaughter
18	Self
19	Child
20	Employee
21	Unknown
22	Handicapped dependent
23	Sponsored dependent
24	Dependent of a minor dependent
29	Significant other
32	Mother
33	Father
36	Emancipated minor
39	Organ donor
40	Cadaver donor
41	Injured plaintiff
43	Child where insured has no financial responsibility
53	Life partner

OHC Release of Information Codes (Step 51)

- A Appropriate release of information on file at health care service provider or at utilization review organization.
- I Informed consent to release medical information for conditions or diagnoses regulated by federal statutes.
- M The provider has limited or restricted ability to release data related to a claim.
- N No, provider is not allowed to release data.
- O On file at payor or at plan sponsor.
- Y Yes, provider has a signed statement permitting release of medical billing data related to a claim.

Place of Service Codes (Steps 30 and 76)

- 11 Office
- 12 Home
- 21 Inpatient hospital
- 22 Outpatient hospital
- 23 Emergency room hospital
- 24 Ambulatory surgical center
- 25 Birthing center
- 31 Skilled nursing facility
- 32 Nursing facility
- 41 Ambulance land
- 42 Ambulance air or water
- 53 Community mental health center
- 54 Intermediate care facility/mentally retarded
- 55 Residential substance abuse treatment facility
- 62 Comprehensive outpatient rehabilitation facility
- 65 End stage renal disease treatment facility
- 71 State or local public health clinic
- 72 Rural health clinic
- 81 Independent laboratory
- 99 Other Unlisted facility

Related Causes Codes (Steps 35, 36 and 37)

- AA Auto accident
- AP Another party responsible
- EM Employment
- OA Other accident

Release of Information Codes (Step 24)

- A Appropriate release of information on file at health care service provider or at utilization review organization.
- I Informed consent to release medical information for conditions or diagnoses regulated by federal statutes.
- M The provider has limited or restricted ability to release data related to a claim.
- N No, provider is not allowed to release data.
- O On file at payor or at plan sponsor.
- Y Yes, provider has a signed statement permitting release of medical billing data related to a claim.

Service Facility Location Codes (also known as Entity Identifier Codes, Step 9)

- FA Facility
- LI Independent lab

Special Program Indicator (Step 31)

- 01 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Child Health Assessment Program (CHAP)
- 02 Physically Handicapped Children's Program